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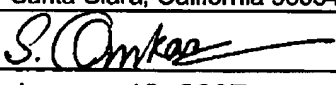
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Modified PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Complete if Known		
		Application Number	10/660,873	
		Confirmation Number	8666	
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		First Named Inventor	Michael Alex	
		Examiner Name:	Davidson	
Group Art Unit		2627		
Total Number Of Pages In This Submission		23	Attorney Docket No.:	KOM004-2C US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> ISSUE Fee Transmittal PTO-85B (1 page in duplicate)	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> After Allowance Communication to TC (see 312 Amendment)
<input checked="" type="checkbox"/> Fee Attached: PTO-2038 (1 page)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> 312 Amendment (17 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations	<input type="checkbox"/> Power of Attorney, Revocation of Previous Powers; And Statement Under 37 CFR 3.73(b)	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Terminal Disclaimer (2 pages)	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT	
Firm or Individual Name	Omkar K. Suryadevara (Reg. No. 36,320) Silicon Valley Patent Group LLP 2350 Mission College Boulevard, Suite 360 Santa Clara, California 95054
Signature	
Date	January 18, 2007

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office to the fax number 571-273-2885 on January 18, 2007.

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